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Modifications to the Virginia Medicaid Preferred Drug List (PDL) Program & Changes to the Enhanced Prospective Drug Utilization Review Program (Maximum Quantity Limits and Dose Optimization) - Effective April 1, 2010

The purpose of this memorandum is to inform providers about modifications to Virginia Medicaid's Preferred Drug List (PDL) Program, and additions to the Enhanced Prospective Drug Utilization Review (ProDUR) Program (Maximum Quantity Limits and Dose Optimization), **effective April 1, 2010**.

Preferred Drug List (PDL) Updates - Effective April 1, 2010

The PDL is a list of preferred drugs, by select therapeutic class, for which the Medicaid program allows payment without requiring prior authorization (PA). *Please note that not all drug classes are subject to the Virginia Medicaid PDL.* In the designated classes, drug products classified as non-preferred will be subject to PA. In some instances, other additional clinical criteria may apply to a respective drug class which could result in the need for a PA.

The PDL program aims to provide clinically effective and safe drugs to its clients in a cost- effective manner. Your continued compliance and support of this program is critical to its success. The PDL is effective for the Medicaid, MEDALLION, and FAMIS Plus fee-for-service populations. The PDL **does not** apply to recipients enrolled in a Managed Care Organization.

The Pharmacy & Therapeutics (P&T) Committee recently conducted its annual review of the PDL Phase II drug classes at its February 9, 2010 meeting. The meeting agenda which lists the drugs and drug classes that were reviewed by the P&T Committee is available on the internet at <http://www.townhall.state.va.us>.



The P&T Committee made the following additions to the Virginia Medicaid PDL:

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Additions (by drug class):

Androgenic Agents

- Androderm®
- Androgel®
- Testim®

Hypoglycemics: Injectible

Subclass: Long Acting Insulins

- Levemir® Vial
- Lantus® Vial
- Levemir® Pen

Subclass: Insulin R

- Humulin® R Vial
- Novolin® R Vial

Subclass: Insulin N

- Humulin® N Vial
- Novolin® N Vial
- Humulin® N Pen

Subclass: Insulin 70/30



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- Humulin® 70/30 Vial
- Novolin® 70/30 Vial
- Humulin® 70/30 Pen

Subclass: Insulin Mix

- Humalog® Mix 75/25 Vial
- Novolog® Mix 70/30 Vial
- Novolog® Mix 70/30 Pen
- Humalog® Mix 75/25 Pen
- Humalog® Mix 50/50 Vial
- Humalog® Mix 50/50 Pen

Subclass: Rapid-Acting Insulins

- Humalog® Vial
- Humalog® Cartridge
- Humalog® Pen
- Novolog® Vial
- Novolog® Cartridge
- Novolog® Flexpen Syringe

The revised PDL Quicklist is attached to this memo and reflects all the changes that will become **effective on April 1, 2010**. Please note that the revised PDL Quicklist only includes “preferred” drugs (no PA required). **A PA is required if the drug requested from one of these select therapeutic classes is not on the list.**

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You may also access the complete list of pharmaceutical products included on the Virginia PDL by visiting http://www.dmas.virginia.gov/pharm-pdl_program.htm or <https://virginia.fhsc.com>. Additional information and Provider Manual updates will be posted as necessary. Comments and questions regarding this program may be emailed to pdlinput@dmas.virginia.gov.



PDL Prior Authorization (PA) Process

A message indicating that a drug requires a PA will be displayed at the point of sale (POS) when a non-preferred drug is dispensed. Pharmacists should contact the patient's prescribing provider to request that they initiate the PA process. Prescribers can initiate PA requests by letter; faxing to 1-800-932-6651; contacting the First Health Services Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week); or by using the web-based prior authorization process (Web PA). Faxed and mailed PA requests will receive a response within 24 hours of receipt. PA requests can be mailed to:

First Health Services
Corporation ATTN: MAP
Department/ VA Medicaid 4300
Cox Road

Glen Allen, Virginia 23060

A copy of the PA form is available online at http://www.dmas.virginia.gov/pharm-pdl_program.htm or <https://virginia.fhsc.com>. The PDL criteria for PA purposes are also available on both websites.

PDL 72-Hour-Supply Processing Policy and Dispensing Fee Process

The PDL program provides a process where the pharmacist may dispense a 72-hour supply of a non-preferred, prescribed medication if the prescriber is not available to consult with the pharmacist (after-hours, weekends, or holidays), **AND** the pharmacist, in his/her professional judgment, consistent with current standards of practice, feels that the patient's health would be compromised without the benefit of the drug. A phone call by the pharmacy provider to First Health Services Corporation (FHSC) at 1-800-932-6648 (available 24 hours a day, seven days a week) is required for processing a 72-hour supply.

The patient will be charged a co-payment applicable for this 72-hour supply (partial fill). However, a co-payment will not be charged for the completion fill. The prescription must be processed as a "partial" fill and then a "completion" fill.



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For unit-of-use drugs (i.e., inhalers, drops, etc.), the entire unit should be dispensed and appropriate action taken to prevent similar situations in the future.

Pharmacy providers are entitled to an additional \$3.75 dispensing fee when filling the completion of a 72-hour-supply prescription for a non-preferred drug. To receive the additional dispensing fee, the pharmacist must submit the 72-hour supply as a partial fill and, when submitting the claim for the completion fill, enter "03" in the "Level of Service" (data element 418-DI) field. The additional dispensing fee is only available (one time per prescription) to the pharmacist after dispensing the completion fill of a non-preferred drug when a partial (72-hour supply) prescription was previously filled.

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Personal Digital Assistant (PDA) Download for PDL Quicklist

There are two ways to download the PDL list for PDA users. There is a link on the DMAS website (http://www.dmas.virginia.gov/pharm-pdl_program.htm) which enables providers to download the PDL Quicklist to their PDAs. This page will have complete directions for the download and HotSync operations.

ePocrates® users may also access Virginia Medicaid's PDL through the ePocrates® formulary link at www.epocrates.com. ePocrates® is a leading drug information software application for handheld computers (PDAs) and desktop computers. For more information and product registration, please visit the ePocrates® website at www.epocrates.com. To download the Virginia Medicaid PDL via the ePocrates® website to your PDA, please follow these steps:

1. Ensure that you have the most recent version of ePocrates Rx® installed on your PDA.
2. Connect to the Internet and go to www.epocrates.com.
3. Click the "Add Formularies" link at the top of the page.
4. Log in to the website using your user name and password.



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5. Select "Virginia" from the "Select State" menu.
6. Select "Virginia Medicaid-PDL" under "Available Formularies."
7. Click on "Add to My List" and then click on "Done."
8. Auto Update your PDA to install the "Virginia Medicaid-PDL" to your PDA.

Changes to the Enhanced ProDUR Program - Maximum Quantity Limits

The maximum quantity limit program identifies high cost products where a 34-day supply is defined by a set number of tablets. This strategy establishes quantity limits based on commonly accepted clinical dosing practices.

Effective April 1, 2010, Virginia Medicaid will expand the ProDUR program for maximum quantity limits to include Suboxone® tablets (buprenorphine and naloxone); Subutex® tablets (buprenorphine), and Lidoderm® 5% topical patches. The complete list of maximum quantity limit edits is included (Table 1) and attached to this memorandum. Pharmacy providers will receive a claim denial when these quantity limits are exceeded. The First Health Clinical Call Center can be reached at 1-800-932-6648 to answer your questions regarding these quantity limits.

Changes to the Enhanced ProDUR Program - Dose Optimization

Also effective April 1, 2010, the ProDUR Program for dosage optimization will also expand to include a number of new drugs and drug strengths. New additions to the dose optimization program, **effective April 1, 2010**, are included on page two of the fax form which is also attached to this memorandum. The intent of the dose optimization program is to use the optimum dose of a product to fill a prescription. An example of this is to use one 10 mg Abilify® tablet instead of two 5mg Abilify® tablets to fill a prescription. If the quantity submitted on the claim is over 34 units for a 34-day supply then the claims will reject with an error message of "Quantity Exceeds Maximum of 34 - Physician Call 1-800-932-6648". In order for patients to receive more than a 34-day supply for these drugs, it will be necessary for the prescriber to complete and fax or mail the prior authorization request attached to this memorandum to First Health Services. The fax number



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and address are listed on the request form. Please complete this document in its entirety, sign, and date it. Incomplete requests will be returned for additional information.

REQUESTS FOR DUPLICATE REMITTANCE ADVICES

In an effort to reduce operating expenditures, requests for duplicate provider remittance advices are no longer printed and mailed free of charge. Duplicate remittance advices are now processed and sent via secure email. A processing fee for generating duplicate paper remittance advices has been applied to paper requests, effective July 1, 2009.

ALTERNATE METHODS TO LOOK UP INFORMATION

As of August 1, 2009, DMAS authorized users now have the additional capability to look up service limits by entering a procedure code with or without a modifier. Any procedure code entered must be part of a current service limit edit to obtain any results. The service limit information returned pertains to all procedure codes used in that edit and will not be limited to the one procedure code that is entered. This is designed to enhance the current ability to request service limits by Service Type, e.g., substance abuse, home health, etc. Please refer to the appropriate Provider Manual for the specific service limit policies.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc.	SIEMENS Medical Solutions - Health Services	Emdeon www.emdeon.com
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Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

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www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Telephone: 1 (877) 363-3666
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ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>.

The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The

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Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates



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that are requested.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273 Richmond area and out-of-state long distance

1-800-552-8627 All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.